



BUILDING BLOCKS

The Case for Universal Baby Bundle Provision

BARNARDOS

Changing childhoods. Changing lives.

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Executive summary

Child poverty is back on the national agenda, not as a footnote but as a priority. The level of child poverty in the UK today remains unacceptably high, with 4 million children still living in poverty. Households where the youngest child is aged 0-4 are the more vulnerable, no surprise given the arrival of a baby is a time when family incomes usually fall, and costs rise¹.

Children in our poorest communities are more likely to be born with low birth weight, experience chronic health conditions, and miss out on learning opportunities². By age five, disadvantaged children are already months behind their peers in language, communication, and social and emotional development³. These gaps represent lost potential that lasts a lifetime. When babies and young children fall behind during their early years, they are more likely to remain behind throughout childhood and into adulthood⁴.

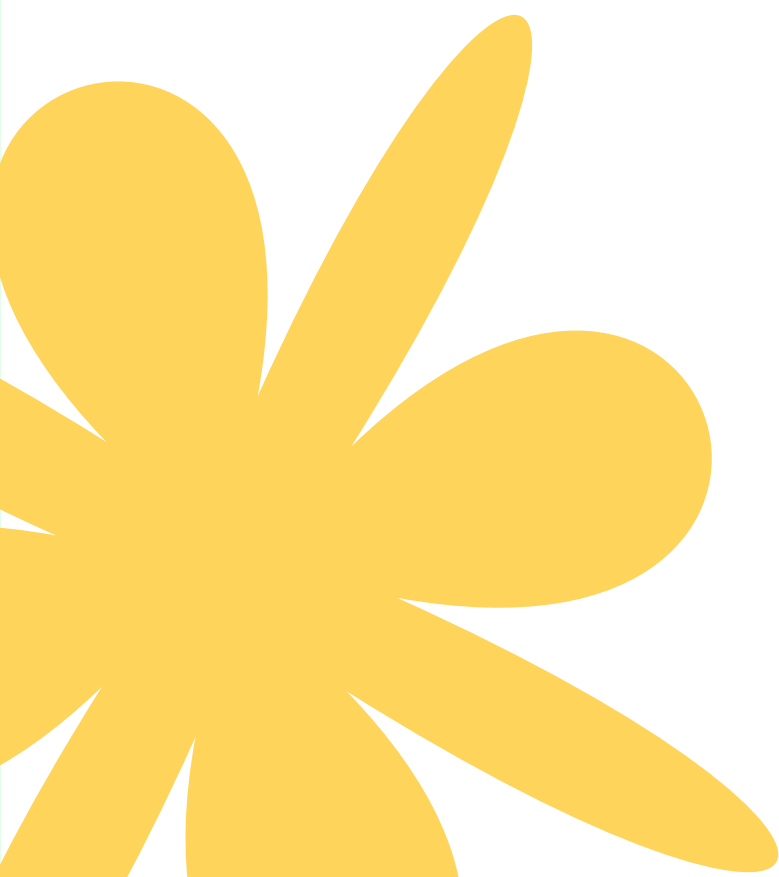
Governments across the UK have taken welcome steps to tackle child poverty – including the important decision to end the two-child limit on benefits that trapped so many larger families in poverty. Further action is still needed to end child poverty and protect those children who experience poverty from its pervasive impact.

At Barnardo's, we know that the right services can make a real difference to children growing up in poverty — from paediatric and children's health services to family hubs. But for too many families, these services remain out of reach: the cost of transport, the isolation that poverty brings, or simply not knowing they exist, can all stand in the way.

Effective mitigation requires joined-up services. Baby bundles help new parents effectively engage with services whilst also providing the essentials they need to support their baby. Whether it is through early discussions with midwives and health visitors or collecting a bundle from a family hub, the conversations and support that underpin a bundle connect parents to the support in their community. This may include support with breastfeeding, connection and caregiving, speech and language development, or help accessing benefits and building the confidence to return to work.

This report sets out the case for baby bundles. It explains what poverty looks like for children aged 0-5 and their parents, and how this can have lifelong impacts. It explains why – alongside removing the benefits cap and abolishing the 'No Recourse to Public Funds' condition for families with a child under 18 – we believe that family support is an essential step in poverty mitigation. And it explains why baby bundles can help more families in poverty access the support they need to ensure their children have the same opportunities to thrive as their peers.

The value of baby bundles is more than the goods inside – it is in the commitment of support from the community to be there for parents of newborns and help ensure they have the best start in life, whatever their level of income.



1. The scale and harm of early years' child poverty

1.1 Scale of the problem

Four million children in the UK live in poverty, an unacceptably high number. The arrival of a baby often coincides with falling household incomes and rising essential costs, leaving families with young children at a heightened risk of poverty⁵. 35% of children in households where the youngest child is aged 0-4 live in poverty compared to 27% of children overall⁶.

Our polling of 2000 parents with children aged 0-4 revealed that 44% of parents did not have enough essential items for their baby's first six months, and over half (54%) wished they had had more items when their child was born.

The prevalence of child poverty is higher in ethnic minority families, especially Bangladeshi and Pakistani, in single-parent families, households with a disabled family member and those in families subject to the no recourse to public funds (NRPF) condition^{7,8}.

Experiencing poverty in the earliest years of life has long-term negative impacts on children's health, development and educational outcomes:

- **Experiencing poverty in the early years is strongly correlated with poor health.**
Babies born into poverty have lower birth weight and are more likely to die within their first year. Chronic health conditions, including asthma, malnutrition, dental decay, obesity, and diet-related diabetes, are more prevalent among children growing up in poverty^{9,10,11}.
- **Babies born into poverty are less likely to do well at school.**
Income-related gaps in language development are evident as early as 18 months; by age five, disadvantaged children are, on average, five months behind their peers^{12,13}. Only half of children eligible for free school meals reach a good level of development by the end of their first year of school, compared with nearly three-quarters of their peers that are not eligible¹⁴.
- When a baby's development falls behind during the first year of life, they are more likely to fall further behind in later years than to catch up with peers who had a stronger start¹⁵.

Our polling found:

- **43% of parents felt their child started school at a disadvantage** due to financial pressures at home. For parents who receive benefits, this rose to 56%
- **44% of parents felt their money worries had affected their child's** speech development, social interaction, or play.



1.2 What does poverty look like for families with children under five?

“I’ve worked with children and families for nearly thirty years, and I don’t think I’ve ever seen things as tough for parents – especially new parents – as they are today... Poverty affects more of them than ever before, and for many families with babies and toddlers, that poverty starts shaping their child’s life from day one.”

Barnardo’s Children’s Centre Manager, England.

Low income affects children through two pathways. First, limited resources restrict what parents can provide in the early years – from books and toys, safe spaces to play and opportunities to learn and explore. Second, financial strain places significant stress on families. If parents constantly worry about paying for food, heating or transport, that anxiety has the potential to shape the home environment, and can affect the care and attention they feel able to provide. These pathways usually occur together. Material hardship and emotional strain reinforce one another: the stress of going without is deepened by the worry of not being able to give a child the start they deserve. We spoke with parents living in poverty and the staff in our services who work with them. They talked about the struggle to afford adequate nutrition and other essentials, the impact of living in unsuitable, insecure housing, and what it feels like to experience both physical and digital isolation. Parents told us they struggled to provide their children with adequate opportunities for play, learning, and development.

Inadequate nutrition

“Some parents eat less so they can save money for their baby; some can’t afford bus fares to get to food banks.” Barnardo’s frontline worker, England.

“We are increasingly providing food parcels, nappies and formula milk, as parents cannot stretch their income to cover even these basics.” Barnardo’s frontline worker, England.

“Without transport, families rely on local corner shops, meaning they pay over the odds for food.” Barnardo’s frontline worker, Wales.

Food poverty is disproportionately high among families with young children. In January 2024, almost one in four households with children under four were experiencing food poverty, compared with 19% of households with older children¹⁶. By 2025, the Trussell Trust reported that one in three children under five lived in homes without reliable access to healthy, nutritious food¹⁷.

Rising costs of staple foods have made it harder for low-income families to maintain a healthy diet, with over a third of parents of under-fives saying food prices prevent them from feeding their child as they would like¹⁸. Fresh fruit, vegetables and high-quality protein are significantly more expensive per calorie than processed alternatives. The Food Foundation’s 2023 Broken Plate report found that families in the poorest fifth of households must spend around half of their disposable income to meet government recommendations for a healthy diet¹⁹. For families managing tight budgets, this means relying on cheaper, calorie-dense foods, reducing portion sizes, or having parents skip meals.

Since October 2022, Barnardo’s has run its Child Poverty Fund to meet the urgent needs of children and families in our services.

Preventing hunger is the top reason for applications to Barnardo’s Child Poverty Fund for households with a baby or toddler*.

*Based on households with a child 0-3.

The cost of infant feeding compounds these pressures. Between 2021 and 2023, the price of branded infant formula increased by over 30%, while own-brand options increased by 45%²⁰. Some families do not qualify for schemes such as Healthy Start (Best Start in Scotland) despite clear financial difficulty, leaving them without help to cover basic nutrition. Even among eligible families, support is significantly underclaimed and increasingly inadequate²¹.

Access to adequate nutrition is shaped by local environments. Families who lack transport may depend on local shops where prices are higher and healthy choices are limited²². Those living in temporary or inadequate housing can lack facilities to store or prepare meals safely²³. Such pressures mean many young children have diets lacking in essential nutrients, with consequences for growth and development and increased risks of obesity, dental decay, nutritional deficiencies, and poorer health²⁴.

Going without the essentials

“Families often lack cleaning products, toiletries, or basic household items once they’ve covered food and rent.” Barnardo’s frontline worker, Scotland.

“Some mothers arrive without essential clothing or belongings for labour or after birth. We’ve had to purchase nightwear, underwear and toiletries so they can go into hospital with dignity.” Barnardo’s frontline worker, Wales.

Families with babies and young children are struggling to afford the essentials needed to care for their children safely and with dignity. Barnardo’s staff describe a growth in households that, after covering unavoidable housing and utility bills, have almost no disposable income.

Parents are forced to forgo essential items such as hygiene products, cleaning supplies, nappies, and other basics. Our workers describe families keeping babies in outgrown Moses baskets because they cannot afford a cot, and parents struggling to replace their children’s clothing or bedding as they grow. Our report, *No Crib for a Bed*, has more information about Bed Poverty²⁵. Parents explained the pressures of having to buy more expensive products, such as nappies, when cheaper alternatives leak or are unsuitable, further stretching already limited budgets.

Accessing suitable clothing is the second top reason for applications to Barnardo’s Child Poverty Fund for households with a baby or toddler.

The day-to-day reality of poverty is all-encompassing: costs that appear small – a bus fare, adequate footwear for wet weather, or the price of a stamp – prevent families from attending appointments or completing essential paperwork. Growing reliance on food banks and hygiene banks reflects how stretched budgets force families to constantly prioritise one essential over another – at a stage when infants’ needs are rapidly expanding, and substitutes are rarely an option^{26 27}.

Unaffordable, unsafe and unstable housing

“Many parents are carrying significant rent arrears, meaning they must make additional repayments that further limit their ability to meet basic needs.” Barnardo’s frontline worker, Wales.

“A house... riddled with dampness and mould... they’ll scrub the walls, paint it... But then a year later, everything just comes back... really, really bad for newborn babies.” Barnardo’s frontline worker, Scotland.

Inadequate, insecure or unaffordable housing directly shapes young children’s health, safety and development and is a fundamental driver of early disadvantage. Over the last decade, a severe shortage of affordable and secure social housing has pushed growing numbers of families with young children into the private rented sector²⁸. Between 2003 and 2023, the number of households with children renting privately more than doubled from 566,000 to 1.5 million²⁹. Poverty rates for children in households renting privately jumped from 25% to 45% when housing costs are taken into account³⁰. Barnardo’s frontline workers increasingly report that children and families are experiencing overcrowding, damp, and black mould in their homes. The consequences for children’s health are severe. Children living in damp or mouldy homes have higher rates of respiratory infections and asthma, and face increased infection risks, the impacts of which are especially serious for babies³¹.

Problems paying rent in the private sector are particularly acute for families who have no recourse to public funds (NRPF). Families subject to the NRPF condition usually live in private rented housing, as they are ineligible for local authority homelessness support, are not entitled to temporary housing, and are unable to join social housing waiting lists³². They often end up in overcrowded, poor-quality homes unsuitable for children³³. Such parents are unable to afford essentials or to adequately heat their homes.

For families living in temporary accommodation, which includes over 26,000 under-fives in England, the combination of instability and poor housing presents acute challenges^{34 35}. Such placements are often unstable, with 30% of families in temporary accommodation experiencing three or more moves, undermining children's emotional security and interrupting relationships with health visitors, early years staff and wider support networks. Conditions are often poor: 75% of families report substandard environments, 68% lack basic facilities such as cooking or laundry space, and 35% of children lack their own bed³⁶. Such environments contribute to higher A&E attendance, and have been linked to avoidable harms, including 74 child deaths, 58 of which were children under the age of one, in the past year, where damp, cold, and overcrowding were contributing factors³⁷.



Physical and digital isolation

“If parents can't get around easily, they miss groups and clinics, and over time that isolation really builds.” Barnardo's frontline worker, Wales.

“I've had mums unable to come [to the centre] because it was raining. One didn't have boots or shoes to wear in the rain and she couldn't afford a rain cover for the pram.” Barnardo's frontline worker, Scotland.

“We are seeing more toddlers experiencing speech and language delays; isolation often plays a role.” Barnardo's frontline worker, England.

Poverty in the early years makes it harder for families to reach the services and support that help children thrive through a combination of practical, financial, and psychological barriers. For many parents on a low-income, the simple act of getting to an appointment, a playgroup or a clinic is a challenge, and without a car, even short distances can feel insurmountable when bus fares compete with food or heating³⁸.

Digital barriers mirror these physical ones. As more services shift information, referrals and appointments online, families without reliable internet access, devices or digital confidence find themselves cut off from support³⁹. Our frontline workers told us about families struggling to afford internet access. For parents already isolated, digital exclusion compounds the difficulty of seeking help, staying informed or accessing early years groups.

These barriers can leave families disconnected from family and friends and their local support networks. This isolation increases stress for parents and reduces opportunities for early intervention that can support children's health and development.

Parental wellbeing

“I worry about the cost of things each week... the stress is constant.” Parent.

“They [parents] want to take them to these big play areas... they can’t afford it... that impacts mental health.” Barnardo’s frontline worker, Scotland.

Poverty undermines the conditions that support warm, responsive caregiving, not because parents lack love or commitment, but because the chronic stress, insecurity and fatigue of trying to make ends meet reduce their capacity to give babies the interactions needed to thrive⁴⁰.

High stress and low mood make it harder to maintain routines, respond to cues or engage with health professionals, which in turn affects children’s early language development and attachment⁴¹. When families are supported, and parents’ wellbeing improves, they are better able to nurture the secure, responsive relationships that underpin children’s social, emotional, and cognitive development⁴². When poverty overwhelms caregivers, the risks for children in the early years grow – not because of who their parents are, but because of the pressures they are forced to carry⁴³.

Play and development

“We go into homes without carpets, so the baby can’t get about and it’s actually affecting child development.” Barnardo’s frontline worker, Scotland.

“Some families don’t have a wider network around them, and it means their children can miss out on those early chances to socialise and explore.” Barnardo’s frontline worker, England.

Toys are expensive so not everyone can afford things for their children. When we come to the stay and play sessions or soft play sessions it means things are there that [my children] don’t have at home - it’s really important.” Parent, England.

Play supports the development of language, emotional regulation, creativity, confidence, and social skills, all of which underpin later learning and wellbeing. Access to age-appropriate learning materials, particularly books, plays an important role in supporting early learning and school readiness⁴⁴.

Financial pressures mean parents are less able to afford books, toys, or paid activities such as play groups, classes, or trips that support early learning. Studies show that children growing up in low-income households are more likely to live in environments with fewer educational resources and fewer stimulating activities⁴⁵.

Families living in overcrowded homes, poor-quality housing, or temporary accommodation often lack safe, sufficient space for children to play indoors, while insecure housing and frequent moves disrupt routines and reduce children’s opportunities to build friendships and engage in regular, enriching play⁴⁶.

Families seeking sanctuary in the UK, many of whom are initially placed by the Home Office in hotels, lack safe or suitable space for children to play and are often in remote locations without safe communal space.

When children have fewer chances to explore, interact and learn through play, they are more likely to start school at a disadvantage⁴⁷.

Ensuring that families on low incomes can access inclusive spaces, enriching experiences, and early learning resources is therefore essential to supporting healthy development and reducing early inequalities.





Our polling showed:

- **47% of parents said they avoided buying toys, books or educational resources in the past 12 months due to cost. This rose sharply among lone parents (61%) and parents in receipt of benefits (58%).**
- **49% of parents said their child has missed out on groups, classes or childcare because of cost. Among lone parents and parents receiving benefits, this climbed to 60% .**

2. Tackling early years child poverty

2.1 More needs to be done to tackle early years poverty

Support for families in poverty has the greatest impact when it starts early. Early help reduces the effect of poverty on children's development. For babies, the best early support is the kind that prevents problems before they begin⁴⁸. This also offers better value for money, because the benefits build over a child's life⁴⁹.

Evidence shows that supporting families during this period is a cost-effective way to improve outcomes. Studies tracking children over several decades show that those who receive support early in life – such as access to early education or additional financial support for their families – experience better outcomes in adulthood, including higher earnings, improved health and longer life expectancy⁵⁰.

Across the UK, one-off grants and in-kind support during pregnancy and the early years vary markedly by nation. In England, Wales and Northern Ireland, the primary offer is the Sure Start Maternity Grant – a £500 one-off payment for low-income families expecting their first child, claimable from 11 weeks before birth to six months afterwards⁵¹.

The case for strengthening early years support is reflected in the government's wider priorities. The UK Government's Opportunities Mission aims to "break the link between a child's background and their future success," recognising the vital importance of support in the early years and the lasting impact of the "scar of poverty". A key measure of progress will be the ambition to ensure that 75% of five-year-olds reach a Good Level of Development by the end of the Early Years Foundation Stage⁵².

Against this backdrop, the Child Poverty Strategy published in December 2025 represents the first UK-wide plan to address child poverty in over a decade. The strategy focuses on reducing poverty and limiting its impacts on children's lives and emphasises the need to strengthen local support systems to help disrupt cycles of disadvantage as early as possible⁵³. The measures with the most relevance for children under five include:

- the removal of the two-child limit on Universal Credit
- the rollout of Best Start Family Hubs
- a commitment to end the discharge of newborns into B&Bs or other unsuitable shared accommodation; and
- steps to strengthen the regulation of infant formula marketing.

The landscape of devolution – across UK nations, English cities and, in some cases, local authorities within them – means there is a high degree of variation in policy areas such as payments, health visiting, maternity services, family support, and childcare and early education.

Barnardo's are calling on the government to make three further commitments to tackle early years' poverty:

- lift the benefit cap;
- remove the No Recourse to Public Funds (NRPF) condition; and
- invest in universal family support, including establishing a new universal national Baby Bundle scheme.



2.2 Lift the benefit cap

Poverty is, at its core, about a lack of income, and low income is directly associated with poorer outcomes for children. Increasing family incomes, therefore, remains the most effective way to tackle child poverty. The Government's Child Poverty Strategy prioritises income-boosting measures, and this focus should remain central to the government's approach⁵⁴.

Barnardo's remains concerned about the benefit cap, which disproportionately affects those least able to increase their earnings. Introduced in 2013, it places a limit on the amount of support that a working-age household can receive through the social security system if they are not in paid work or earn below the equivalent of 16 hours per week at the minimum wage. Households affected by the cap – which includes 300,000 children – are typically out of work or in very low-paid employment, often due to significant barriers to entering or sustaining work.

The design of the cap means that, although parents of infants and toddlers may not be expected to work because of their caring responsibilities, they remain subject to the cap. Around one-third of capped parents care for children under the age of 3⁵⁵.

The benefit cap has a disproportionate impact on families living in high-cost rental areas and on single-parent households with young children⁵⁶. In addition, around 38,000 households are simultaneously affected by both the benefit cap and the two-child limit. As a result, an estimated 141,000 children are unlikely to benefit from forthcoming reforms to the two-child limit, while many others will see only partial improvements in their household income⁵⁷.

When introduced, the cap applied to around 28,500 households, with the limit set at £500 per week (equivalent to around £700 in today's prices)⁵⁸. The decision not to maintain the cap at the same relative level led to a steady increase in the number of households capped – increasing to 111,000 as of November 2025⁵⁹. Research by Child Poverty Action Group shows that a lone-parent family with three children can now expect to be capped across 95% of England and Wales, up from 60% just two years ago in 2023⁶⁰.

2.3. Remove the No Recourse to Public Funds condition for families with children

Barnardo's is concerned that the NRPF condition continues to push families into ever deeper poverty and destitution,⁶¹ and unless it is removed, the government will not deliver its commitment to ensure that vulnerable migrant children receive the support that they require, regardless of their immigration status.

Families seeking sanctuary in the UK who are awaiting a decision on their asylum claim are unable to work and excluded from the mainstream social security system altogether, and instead often rely on asylum support payments, administered by the Home Office, and set far below basic benefit levels, which do not reflect the real costs of caring for newborns or toddlers^{62 63}.

Children in families subject to the NRPF as a visa condition face some of the starkest disadvantages in their early years in the UK. NRPF restrictions mean parents cannot access newborn and early years entitlements such as Child Benefit, Universal Credit, the childcare element of Universal Credit, Tax Free Childcare, the extended 30 hours childcare offer, or the Healthy Start Scheme in England, Wales and Northern Ireland (where families do not have a British child under 4)⁶⁴. Impacted families are also ineligible for social housing and most forms of temporary accommodation⁶⁵. The Institute of Public Policy Research (IPPR) and Praxis estimate that 722,000 children in the UK are affected by NRPF restrictions, and of these, 507,000 are in families on visas with the NRPF condition. The remaining 215,000 are children affected by NRPF exclusions for other reasons, e.g. families seeking asylum in the UK who are excluded from mainstream benefits or who are undocumented⁶⁶.



2.4. Provide universal family support, including “baby bundles”

Family support is important for effective poverty mitigation – helping children access the opportunities to thrive and develop. New parents need support from their community to ensure that their babies grow up healthy and flourishing. From pregnancy to the under-fives, the government provides a mix of maternity and perinatal care, health visiting, and community provision, including Family Hubs⁶⁷. Hubs provide a single “front door” into health, education, and family-based support. Evidence from the Sure Start scheme, which operated in the late 90s/early 2000s, showed that this approach can significantly improve children’s long-term outcomes⁶⁸.

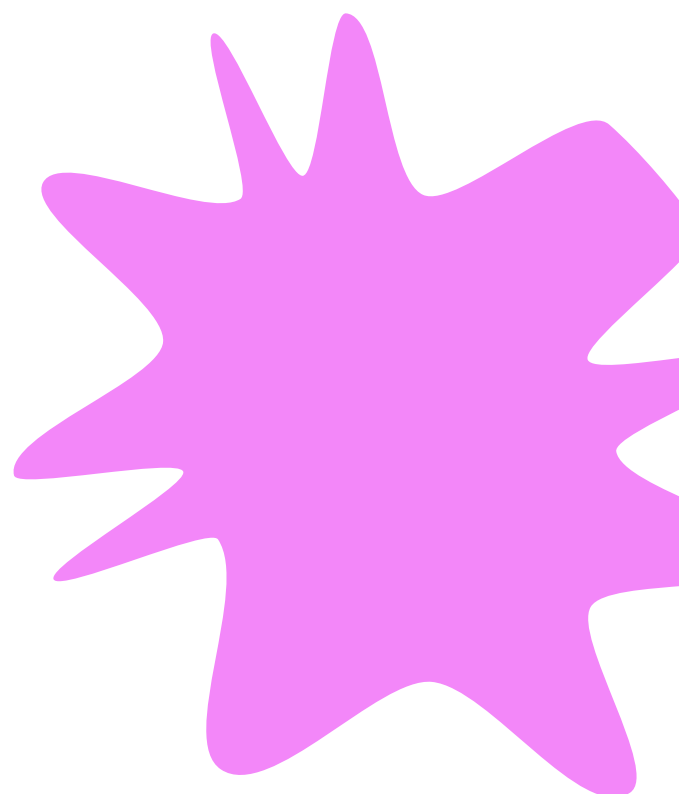
England’s *Giving Every Child the Best Start in Life* strategy puts this local, integrated model at the centre of the Opportunity Mission target of 75% of five-year-olds reaching a Good Level of Development⁶⁹. It commits £500m in funding over the next three years to establish a family hub in every local authority, with the expectation that the number of operational family hubs will increase to 1,000⁷⁰. Whilst welcome, this falls short of the investment required to rebuild an early year’s infrastructure comparable to the Sure Start network, which provided 3,500 centres with significantly higher funding⁷¹. Additionally, the absence of a national outcomes framework makes it difficult to ensure consistent quality, demonstrate impact or share effective practice.

There is robust evidence that investment in family support services provides a long-term advantage. The Institute for Fiscal Studies found that children who grew up near Sure Start centres had fewer hospital admissions in adolescence, including for injuries and mental health, higher GCSE attainment, and better behaviour, with the biggest gains in disadvantaged neighbourhoods⁷².

Barnardo’s report *Building Families, Building Futures* draws on evidence from our service base to highlight how these services can effectively engage with families. It identifies how, by placing a range of universal and targeted support in the same place, hubs can reduce complexity for parents seeking support. It emphasised that by offering a range of face-to-face and digital support – including outreach to families within the community – hubs become well-known, trusted places where parents know they can go, helping reach families who may otherwise not engage with services⁷³.

While all parents can find themselves in need of support when a baby is first born, some parents are more likely to struggle, particularly where they lack family or support structures. Ensuring there are bespoke services to support parents who face complex challenges is therefore important. We believe baby bundles as part of a core local support offer, would help to ensure more parents get the help they need.

Baby bundles are packages of essential items provided to families during pregnancy or shortly after birth. They typically include clothing, blankets, nappies, books, play items, and practical guidance on infant care and early development. Beyond providing essential supplies, baby bundles are an early touchpoint between families and services, offering information and support at a critical stage in a child’s life⁷⁴. By providing families with essential items and ensuring parents are informed about the support in their communities, baby bundles can help ensure every child begins life on the right path.



Barnardo's Baby and Me service Newport - Supporting Families at a Critical Moment

Baby and Me is an early intervention service in Newport, South Wales, designed to support expectant and new parents where there is a risk that their baby may be taken into care at birth. Families who are referred to the service typically face multiple pressures including trauma, mental health challenges, substance misuse, insecure housing, and previous involvement with children's social care. These circumstances mean that parents need extra support at the time the baby is born to help ensure they can care for their child in a safe and effective way that will help meet the child's developmental needs.

The service provides a coordinated, trauma-informed package of help, including bespoke 1:1 support, a six-week antenatal parenting programme, and Family Group Conferences that allow families to lead their own planning and decision-making. The service brings together midwives, health visitors, mental health specialists, and social workers into a single, holistic model.

Practitioners help parents navigate wider services such as housing or substance misuse support.

This approach has contributed to a 48% reduction in babies entering care within the first 14 days after birth, with professionals reporting fewer emergency removals and placement orders. Parents describe the positive impact of the service, as one father reflected, *"We've got everything we've always wanted... We honestly wouldn't be where we are today without the Baby and Me team... We'll forever be grateful to them."*

Whilst family support is critical to mitigating the impact of poverty, we know that too many parents do not access it. Baby bundles are a vital way to ensure that families know what local support is available and can establish relationships with professionals, which increases the likelihood that they will use the services.



3. The case for universal baby bundle provision

Following Scotland's lead, Barnardo's recommends that governments in each UK nation roll out a universal baby bundle scheme, signalling a shared commitment to giving every child the best possible start in life.

Baby bundles are an increasingly popular part of early years provision in the UK and abroad. This section reviews their growth and current provision, then considers options for the design of a new national universal provision.

Barnardo's are calling for a national baby bundle scheme to ensure every parent has the basics they need to start caring for their new baby. The scheme should:

- **contains a core set of essential items** spanning hygiene, health monitoring, early development and parental guidance – ensuring every newborn has what they need from day one;
- **embeds baby bundles within local services**, ensuring they are actively used by practitioners as a gateway into coordinated early support for every family;
- **includes accessible, high-quality guidance** in multiple formats and languages, designed to support professional-led conversations, complement face-to-face support, and connect families to local services;
- **makes registration straightforward** through trusted local services and self-referral routes, backed by inclusive, multi-agency outreach to reach every family.
- **gives parents the choice of home delivery or collection**, and ensures every family receives meaningful contact from their local Family Hub regardless of which they choose; and
- **is universal**, available to all new babies regardless of parental income or immigration status, with elements of parental choice to reflect different family needs; and
- **designed with robust monitoring, embedded evaluation and structured parent feedback** from the outset, using the scale of national rollout to test what works, for whom and why.



3.1. The growth of baby bundles

Baby bundle schemes vary in their design, delivery and purpose. Some programmes are oriented towards public health objectives, emphasising public health goals, such as encouraging engagement with antenatal and maternity services, while others focus on providing practical material support to families^{75 76}. We believe the most effective approach combines both aims, with early, trusted relationships between families and local services at the heart of how baby bundles are designed and delivered.

Variations of baby bundle or baby box schemes now operate in more than 60 countries⁷⁷. Models have been introduced in countries including Ireland, Canada, the United States and Australia, often delivered through collaborations between health services, charities and community organisations⁷⁸. Finland's maternity package, known as the Baby Box, is the most established example. Originally designed to improve maternal and infant health, it has become a long-standing and highly valued element of Finland's welfare system, with 95% of first time parents choosing the package over a cash alternative⁷⁹. Baby Boxes symbolise equality and shared responsibility, reinforcing the principle that all children deserve an equal start in life⁸⁰.

In the UK, every newborn in Scotland is entitled to a universal Baby Box, registered through midwives during pregnancy and delivered via maternity services⁸¹. In Wales, the national Bwndel Babi scheme was rolled out in February 2026 following a pilot with 200 families. Initially intended as a universal "welcome to the world" gift, the programme is now targeted at families in the most deprived communities, identified through Flying Start areas in the Welsh Index of Multiple Deprivation^{82 83 84}. In England and Northern Ireland, baby bundle provision is limited and largely delivered through locally run schemes⁸⁵. In Northern Ireland, some health trusts and community organisations provide baby bundles for families experiencing financial hardship, often linked to maternity services or charitable support, but access varies by area, and there is no consistent national offer⁸⁶. There is no universal or national baby bundle scheme in England. Instead, a growing number of local authorities, NHS trusts and voluntary organisations have established programmes targeted at families on low incomes or receiving support through children's centres and family hubs⁸⁷.

3.2. Contents and design choices

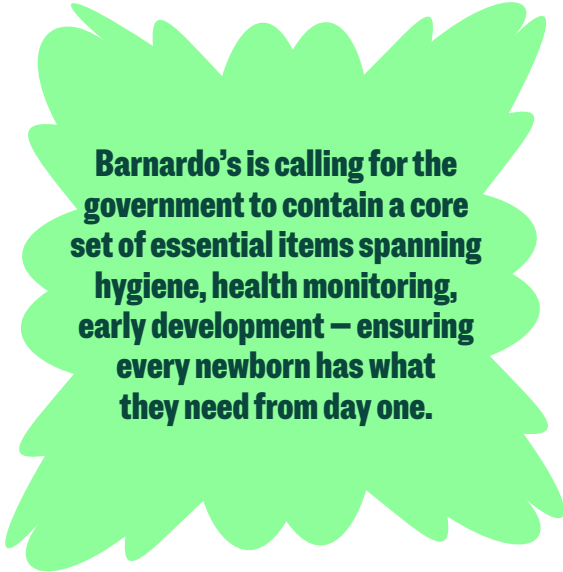
Baby bundle schemes vary in what they contain, the support and guidance that accompany them, how to enrol and receive a bundle, who is eligible, and how we can learn more about their impact. The annex contains a review of the strengths and limitations of the following schemes, which informed our recommended scheme design:

- Scotland's Baby Box⁸⁸
- Wales's Baby Bundle⁸⁹
- The Children's Foundation's Baby Box⁹⁰
- Wandsworth's Baby Box⁹¹
- Rotherham's Baby Pack⁹²

This section uses those case studies and the wider evidence base to consider the best combination of elements that should comprise a new universal scheme.

Bundle composition

Baby bundles can provide practical resources that support children's health and development, including books, play mats, thermometers and toys, as well as items that promote stronger bonding like baby slings. In addition to meeting immediate needs, these items can prompt parents to engage in behaviours that promote their children's development. In Scotland, 84% of parents said they read the books in the box with their baby, while 60% reported that the box encouraged them to start reading earlier than they otherwise would have⁹³.



Barnardo's is calling for the government to contain a core set of essential items spanning hygiene, health monitoring, early development – ensuring every newborn has what they need from day one.

Health and safety	Everyday care	Development and bonding	Information and guidance
<ul style="list-style-type: none"> • Cellular blanket • Bath and room thermometer • Underarm thermometer • Home safety kit 	<ul style="list-style-type: none"> • Clothes, bib, muslin, towel • Nappies • Toothbrush and toothpaste • Maternity pads/towels 	<ul style="list-style-type: none"> • Books • Playmat • Developmental toys • Baby wrap 	<ul style="list-style-type: none"> • Parental information • Information about local services



Local support context

Baby bundles are most effective when embedded within local support offers, including maternity services, health visiting, Family Nurse Partnership teams, and Family Hubs. This should not just be a collection point, but a resource practitioners can use during appointments, groups, and early learning sessions. Items such as books and play materials help parents understand the importance of bonding and development⁹⁴. The information in the bundle supports families in building strong early relationships with their baby and creating a positive home learning environment. These items give midwives, health visitors and early years staff a natural way to start conversations about bonding, development and wider support.

Baby bundles can also offer a shared point of reference for early years practitioners working across Family Hubs. In local authority areas where the Children’s Foundation delivers its Baby Box, Family Hubs hold an example of the box. This means that health visiting and community midwifery teams can invite families to visit their local hub before birth to see the box and learn how its contents can support safety, health, development, interaction and bonding.

Embedding baby bundles within wider networks of support can serve as a gateway to services⁹⁵. Parents can access playgroups, early education opportunities, specialist early intervention programmes such as parenting courses, and advice on employment, benefits and family support. In Rotherham, a third of parents reported that the pack encouraged them to speak with professionals about breastfeeding, safe sleep, their baby’s development, bonding and early play, monitoring health or temperature, postnatal depression, and wider wellbeing⁹⁶.



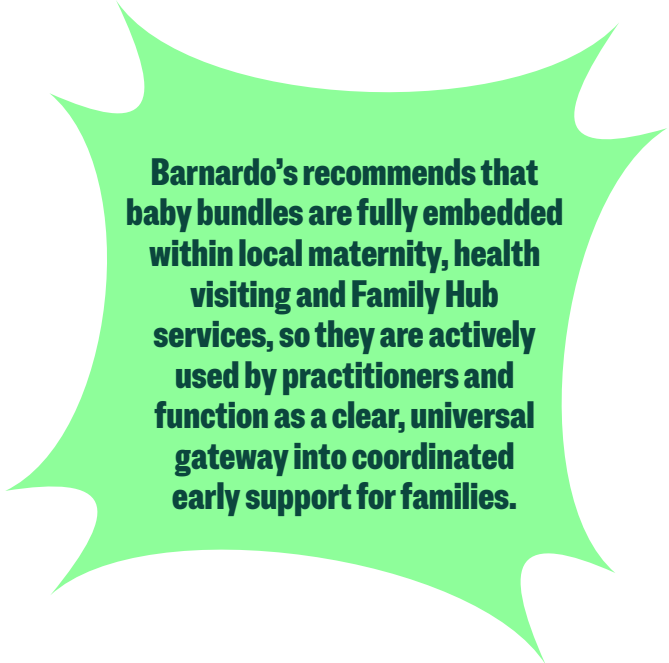
Schemes work best when the information accompanying the bundle raises awareness of local support and services. Parents and frontline workers told us that simple, context-specific signposting such as a short welcome from the local Family Hub or a QR code linking to a postcode-based directory of groups, clinics and support, would make it easier for families to know where to turn. Localised signposting of this kind can turn baby bundles into a reliable “no wrong door” into the family support system, connecting families to help when they need it most.

Parents across different schemes stressed how much they value a joined-up, uncomplicated registration process, with midwives – “the first person you really trust” – best placed to introduce the offer during routine antenatal care, as seen in Wales where parents found the process “very clear” and “straightforward”. As one Barnardo’s frontline worker in England told us, “some parents don’t tell everything to the midwife – but they’ll tell us”, highlighting that families open up to different practitioners.

A good scheme makes sign-up easy wherever families show up, whether that's maternity services, health visiting, Family Hubs or voluntary sector partners. This underscores the need for consistent training and shared understanding of the scheme across the whole early years' workforce. Wandsworth's experience shows that integration works best when all practitioners – midwives, health visitors, Family Nurse Partnership teams, social workers, housing teams and voluntary-sector partners – understand the purpose of the scheme, what the items are for, and how to use the bundle as a structured way to identify wider needs. As one practitioner put it, the box only unlocks its full value when everyone “*knows how it fits into the wider offer*” and can confidently use it to support conversations and follow-up. A national model should therefore invest in simple, accessible training so that professionals across maternity care, health visiting and Family Hubs see the bundle as part of their toolkit.

Parental guidance

Baby bundles can give parents access to critical information and guidance at one of the most significant moments in their lives. The arrival of a new baby brings a range of practical and emotional challenges, and parents – particularly those facing financial pressure or without strong support networks – often lack reliable access to the guidance they need. Including well-designed information in the bundle ensures that every family, regardless of how much contact they have with services, receives a foundation of knowledge to help them care for their baby. Guidance included in the bundle should cover relevant areas such as post-natal depression and hormonal changes, breastfeeding, safe sleeping and budgeting.



Barnardo's recommends that baby bundles are fully embedded within local maternity, health visiting and Family Hub services, so they are actively used by practitioners and function as a clear, universal gateway into coordinated early support for families.

Written materials alone, however, are rarely sufficient. Parents find it difficult to engage with written information, particularly in the early postnatal period. Evidence from existing schemes shows that the most effective approach combines accessible materials – including links to short videos – with face-to-face support from trusted professionals. This means written guidance is most valuable not as a standalone resource, but as a tool that practitioners can use to explain information and prompt conversations at the point of need. Critically, what matters is not just what information is included, but how it is delivered – whether through a leaflet, a video, a conversation with a health visitor, or a combination of all three. All materials should be available in multiple languages and should signpost parents clearly to local services and, where possible, to face-to-face or one-to-one support.



Barnardo's recommends that baby bundles include accessible, high-quality guidance that supports professional-led conversations, complements face-to-face support, and connects families to local services through clear signposting. Guidance should be available in multiple formats and languages, and designed for use by practitioners as well as parents.

Enrolment

A national scheme should make registration straightforward through trusted local services – maternity care, health visiting, children’s centres and Family Hubs – with healthcare professionals well placed to introduce and support sign-up. Equally, the scheme must provide accessible self-referral routes so that parents can register independently when that feels safer or more convenient.

Inclusive awareness strategies are essential to ensure no family is missed. This means actively reaching families who speak different languages, those with limited digital access, parents experiencing hidden poverty, and those with irregular or minimal engagement with antenatal services. A broad, multi-agency approach combined with self-referral options is the only way to ensure universal reach.

Critically, registration should not be a passive administrative step. We recommend that the sign-up process include simple questions that would support professionals to identify who may need proactive outreach from local Family Hub or other services. Registration should be an early (though not exclusive) opportunity to identify families who may benefit from additional help, enabling proactive, non-stigmatising outreach before the baby arrives.

Barnardo’s recommends that a national scheme make registration straightforward through trusted local services and accessible self-referral routes, supported by inclusive, multi-agency awareness strategies to reach families who might otherwise be missed.

Barnardo’s recommends that parents choose how their bundle is delivered, with options for home delivery or collection from a local Family Hub or health facility. The scheme should ensure every family receives meaningful contact from their local Family Hub – whether through a follow-up call, a supported home delivery, or a welcoming collection experience.

Delivery

Existing distribution mechanisms include direct home delivery, collection from local health facilities, and/or provision during antenatal appointments^{97,98}. Surveys suggest most parents prefer home delivery. Scottish parents have noted that transporting a large box during pregnancy is difficult, *“How would they be able to get that home... especially if they don’t drive?”*. Parents should be the decision-makers on this, and a national scheme must offer genuine choice between home delivery and collection from a local health facility or Family Hub.

However, delivery method and relational contact are not the same thing. A scheme that defaults entirely to home delivery risks losing the face-to-face engagement that gives baby bundles much of their value – the conversations with practitioners, the introduction to local services, and the early relationship with a Family Hub. The answer is not to restrict parental choice, but to ensure that the scheme builds in meaningful contact regardless of how the bundle is delivered.

Where a parent opts for home delivery, the information gathered at registration should be used to prompt a follow-up from their local Family Hub – for example, a call to introduce the hub’s offer, or a visit from a Family Hub worker who can bring or check in on the bundle. Where a parent prefers to collect, the collection should be a supported, welcoming interaction rather than a simple transaction. In both cases the goal is the same: an early, trusted point of contact that connects families to wrap-around services at the moment it matters most.

Eligibility

A central design question for a national baby bundle scheme is who it is for. The evidence is clear: a universal scheme available to every newborn, regardless of family income or circumstance, is the right approach. Targeted schemes create problems that undermine their own aims, while universality delivers benefits that extend well beyond the material value of the bundle itself.

Baby bundle eligibility varies across existing schemes, even within the UK^{99 100}. The Scottish Baby Box is universal; the Welsh scheme targets families experiencing financial hardship or those engaging with early years services.

In practice, targeted schemes can often exclude the families they are designed to reach. Eligibility criteria create confusion, administrative burden, and incorrect assumptions about who qualifies, leading some parents to miss out entirely. This is evident in Wales, where delivery linked to Flying Start postcodes has produced stark inconsistencies. Barnardo's frontline workers described how *"only parents in Flying Start areas receive the Baby Bundle; many families who would benefit miss out purely based on where they live."* These inconsistencies are visible to families themselves: *"It caused discussion in groups – one parent said their midwife was bringing a bundle, and others said, 'I haven't had one of those.'"* Another frontline worker said, *"Why can't they all have one... it's unfair when one parent gets it and the others don't."*

Universal provision avoids these problems. In Scotland, where the Baby Box is available to all families, uptake has remained consistently above 90% with no significant variation by deprivation level – evidence that universality reaches the families that targeted schemes miss. Parents across all income groups support the approach: *"I don't think there's a downside... every young person deserves such a good start in life... it's quite equal."*¹⁰¹

Beyond reach, universality plays a critical role in reducing stigma¹⁰². Offering the bundle to all families normalises uptake and removes the fear of judgment that often deters families from accessing means-tested support. As one Scottish parent explained, *"It's really good that everybody gets it – there's no judgement at all... because everybody is offered the box."*

This matters especially for families who are new to the UK. While providing baby bundles is not a standalone solution to alleviating newborn poverty for children in migrant households or those seeking sanctuary in the UK, they play a valuable role in bridging gaps in support, helping families by offering practical support at a critical moment, while also helping families who are newer to the UK feel a sense of belonging and part of their local communities. One father who had migrated to Scotland described the Baby Box as profoundly meaningful: *"I got a British passport a month ago. I'm from Poland, my wife is from Poland. When we got the box, it felt like I belonged here"*¹⁰³. For families like his, a universal bundle signals that they and their children are part of the community. This is particularly the case for families who may be denied access to other public funds as a result of their visa condition. It is important, therefore that eligibility is not tied to receipt of social security.

Universality does not mean rigidity. Parental feedback from existing schemes suggests that a national scheme should explore ways of incorporating choice without undermining the benefits of a universal in-kind offer. In Rotherham, for example, parents highlighted the value of personalisation, with some expressing interest in food or meal vouchers, *"It would be good to have a choice"* reflecting that different families face different pressures¹⁰⁴. In our polling, nearly 70% of parents believe the government should ensure that families have the essentials for a newborn. Government should therefore consider building in a limited element of choice – such as optional add-on items or small-value vouchers – alongside the core offer. Finland's hybrid cash-or-bundle model offers a useful precedent¹⁰⁵.

Barnardo's recommends that governments in each UK nation introduce a universal baby bundle scheme, signalling a shared commitment to giving every child the best possible start in life. The scheme should provide a strong, in-kind core offer, with elements of parental choice.

How much would a universal scheme cost?

Annex 3 details our estimates of the annual costs of a universal scheme, summarised in the table below. These estimates are based on an assumed per-bundle cost of £230 (January 2026 prices) and live birth data from 2024.

Wales (moving from targeted to universal)	England (universal scheme)	Northern Ireland (universal scheme)
c£6million	c£130 million	£4-5 million

Evaluation and co-design

A national baby bundle scheme would represent a large coordinated early years intervention. That scale brings not just responsibility but opportunity to build a robust evidence base, learn what works, and continuously improve the offer for families.

From the outset, a national scheme should be designed with evaluation built in rather than bolted on. This means establishing clear baseline measures before launch, defining the outcomes the scheme is intended to affect – including parental stress, engagement with services, early development indicators, and take-up among harder-to-reach groups – and tracking these consistently over time. Crucially, the scale of a national rollout creates a genuine opportunity to test different approaches through research design: varying bundle contents, delivery methods, or signposting formats across areas would allow the government to learn, with rigour, what drives impact and for whom. This kind of embedded experimentation is rare in public policy, but the conditions here are unusually well-suited to it.

Existing models show what iterative improvement looks like in practice. In Wandsworth, for example, the Baby Box was adapted after parents reported they were not using the box in its original sleep-space format, demonstrating that responsive design, grounded in real user experience, can significantly improve how resources are used¹⁰⁶. This kind of feedback loop should be standard, not exceptional.

Ongoing improvement depends on hearing consistently from the families the scheme serves. Younger parents, those on low incomes, migrant families, and parents with English as an additional language are among those whose voices most need to shape updates to the bundle's contents and guidance, and who are most easily overlooked in standard consultation processes. A national scheme should establish clear, accessible mechanisms for this feedback, including through the Family Hubs and practitioners who are already in regular contact with families.

Barnardo's recommends that the national baby bundle scheme should be designed with evaluation and learning in mind, embedding robust monitoring, a rollout that enables the testing and comparison of different approaches, and the inclusion of structured parent feedback and co-design as standard.



3.3. Impact and support

The evidence from existing schemes is consistently positive. Families value baby bundles highly, and the benefits extend well beyond the items themselves – reducing financial pressure, alleviating stress, fostering a sense of being supported, and creating early connections with local services.

Parental satisfaction

Feedback from families across every scheme shows strong support. Parents in Wales were extremely positive about the contents and quality of their bundle, with formal evaluations in Scotland finding high levels of positivity across all income groups^{107 108}. Local and regional initiatives report similar results: **99% of parents in Rotherham and 98% supported by the Children's Foundation said they would recommend the baby box or pack they received**, with many highlighting the thoughtful, comprehensive nature of the items and the reassurance they offered, particularly for first time parents^{109 110}. Parents said the bundles **“far exceeded their expectations,”** provided items **“you don't realise you'll need until the baby is here,”** and offered meaningful help with the rising costs of looking after a new baby¹¹¹.

Having essential items together in one place removes much of the pressure of preparing for a new baby, particularly when time, money or capacity are limited. As one Rotherham parent put it, **“It makes me feel really confident that I'll have everything I need to get the best start for my baby.”** Evidence from the Children's Foundation Baby Box project found 95% of parents felt more prepared for their baby's arrival, and 95% reporting increased confidence¹¹².



Financial and material impact

The material benefit of baby bundles can be significant. In Scotland, the Baby Box saved 91% of parents' money on items they would otherwise have bought, with 76% of health professionals agreeing it ensures families have the essentials from birth¹¹³. Evidence from Wales shows comparable effects: almost two-thirds of parents reported needing to buy fewer items because of the bundle, valuing the inclusion of typically expensive products such as sleeping bags, changing bags, and play mats, alongside practical essentials like muslins, maternity pads, breast pads and nipple cream¹¹⁴. Parents were direct about what this meant in practice: ***"I had planned on buying a changing bag but now I don't need to. This would have been a fairly big expense."*** Another noted: ***"This bundle was perfect for me especially as I'm on a low income and a single parent"***.

Having essential items in one place also reduces stress. One parent in Scotland who attends a Barnardo's service told us: ***"Because my daughter was premature... it was nice having the baby box, because then I had most of the stuff that I needed."*** Evidence from Scotland's 2021 evaluation shows that parents value the relief from stress about what they need to care for their baby that an essential starter kit provides¹¹⁵. Another described it as ***"a really welcome safety net... when you might not have had time to gather everything you needed."*** In Rotherham, having everything in one place was the most common reason parents recommended the pack, and in Wales, families said the bundle provided "peace of mind" by removing the worry of gathering every item themselves^{116 117}.

Feeling seen and supported

Bundles foster a sense of being recognised and cared for at a moment when families are particularly vulnerable. Evaluations of the Welsh Baby Bundle scheme show this clearly, with parents describing it as ***"a nice gesture from the Welsh Government which made them feel well-supported"***¹¹⁸. Many expressed appreciation not only for the items themselves but for what the gesture represented: that the state was standing beside them as they welcomed a new child. Feedback from The Children's Foundation Baby Box programme echoes this sentiment, with one parent sharing, ***"The best thing about the box is the fact that it provides you with items you wouldn't have realised you needed. It makes you feel seen and cared for!"***¹¹⁹

Connecting families to support

Baby bundles can also act as a direct route into services. Barnardo's Sandwell hub supports parents who need essential items through two referral routes: social workers can request a bundle worth up to £70 for care-experienced young parents, while staff can refer other families in need to a local charity. In the last year, over 20 parents received bundles through these pathways, with the service treating them as a core part of its early years offer.

In Scotland, 35% of parents said the Baby Box encouraged them to talk more with their midwife, health visitor or family nurse, while 45% of professionals reported that it helped facilitate conversations – including on sensitive topics – and was particularly effective when working with younger parents or those less likely to attend antenatal classes¹²⁰. Qualitative evidence also indicates that the bundle can support engagement with families facing specific challenges, such as those with lower English proficiency, low-income parents with premature babies, or mothers experiencing mental health difficulties. Notably, 37% of midwives, health visitors and family nurses reported that the Baby Box improved their ability to engage families who might otherwise struggle to interact with services¹²¹.

Annex 1: Survey Methodology

This report draws on a mixed methods approach combining quantitative polling, qualitative research with parents and frontline workers, stakeholder interviews, and a review of existing evidence. Together, these methods were used to understand the experiences of families with babies and young children, assess the availability and impact of baby bundle and baby box schemes, and inform policy recommendations.

Parent polling

National polling was conducted with **2,000 parents of children aged 0–4** to explore families' experiences of financial pressure, access to essential baby items, and views on early years support, including baby bundles.

Qualitative research with parents

Between **January and March 2026**, qualitative research was undertaken with approximately **20 parents of children aged 0–5** who attend four Barnardo's services across the UK. This research included one to one conversations, focus groups and questionnaires, and sought to capture the lived experiences of poverty, material hardship, and access to support in the early years.

Frontline workers' insights

The report also draws on the perspectives of around **10 Barnardo's frontline workers** working directly with families with children aged 0–5 across the UK. These discussions provided frontline insight into the challenges families face before and after birth, patterns of need, and the role of practical and relational support.

Stakeholder interviews

Interviews were conducted with:

- **One local authority (Wandsworth)** is delivering a baby box scheme through family hubs,
- **One charity (The Children's Foundation)** delivering baby box schemes across local authorities in London and the North East of England.

These interviews explored delivery models, costs, uptake, and how baby bundle schemes interact with wider early years services.

Evidence review

Finally, the report includes a review of existing evaluations and published evidence on baby bundle and baby box schemes operating across the UK, including national and local programmes. This evidence was used to assess impacts, identify good practices, and inform recommendations for future policy design.



Annex 2: Case Studies

1. Scotland

Since 2017, every newborn in Scotland has been entitled to a universal Baby Box, registered through midwives during pregnancy and delivered via maternity services¹²². There is no NRPF exclusion and no asylum support restrictions¹²³. The box contains a comprehensive range of essentials, including clothing, bedding, books, a mattress, play items and practical guidance, designed to support a baby's earliest months¹²⁴. As a universal offer, it aims to tackle inequalities by ensuring every baby has access to the essentials needed from birth, regardless of their family's financial circumstances, and forms part of the Scottish Government's wider ambition that every child has "the best start in life"¹²⁵.

The scheme sits alongside other initiatives to tackle poverty, particularly in the early years, including the Five Family Payments, expanded health visiting, the Family Nurse Partnership and

funded early learning and childcare^{126 127}. Uptake has remained consistently high at over 90%, with no significant variation by level of deprivation¹²⁸. More than 350,000 boxes have been delivered to date – around 41,000 annually – saving families an estimated £400 per birth¹²⁹. Formal evaluation shows strong endorsement from both parents and professionals, who value the scheme's practical benefits and its role in supporting equitable, positive early childhood outcomes¹³⁰.

Alongside the physical items, the information included in baby bundles – such as leaflets, guidance on how to use the items, and links to online resources like Scotland's Parent Club – helps build parents' knowledge, awareness and confidence around the importance of responsive caregiving, their child's health and development, and the importance of the home learning environment¹³¹.

2. Wales

In Wales, the national Bwndel Babi scheme was rolled out in February 2026 following a pilot with 200 families. Initially intended as a universal "welcome to the world" gift, the programme is now targeted at families in the most deprived communities, identified through Flying Start areas in the Welsh Index of Multiple Deprivation, with a renewed focus on reducing material hardship in

the early months against the backdrop of a high cost of living^{132 133 134}. Families register with their midwife, and bundles are delivered directly to their homes. Amongst other items, each bundle includes clothing, blankets, a book and a playmat, alongside guidance and resources designed to support early child development and connect families with local support networks^{135 136}.



3. The Children's Foundation's Baby Box Project

“The developmental side of the box is great – practical things make such a difference and saves money.”

Parent recipient of the Children's Foundation Baby Box¹³⁷.

The Children's Foundation's Baby Box Project takes a distinctively development led approach to supporting families across the north east of England, where one in three babies, children and young people grow up in poverty^{138 139}. Designed to promote attachment based parenting, bonding, maternal wellbeing and early learning during the first 1,001 days, the Baby Box combines essential items with tools that help parents engage in their baby's development from the very beginning¹⁴⁰.

The project is successfully supporting those facing the greatest disadvantage:

- 90% of boxes go to families in the 50% most deprived neighbourhoods.
- 46.3% go to those in the 10% most deprived¹⁴¹.

Designed around how babies learn

Co designed with early years experts and first time parents, the box is structured around six early learning themes – Read, Play, Laugh, Sing, Count, Love – helping parents understand how everyday interactions support development^{142 143}.

Developmental items encourage early interaction and sensory learning, from talking and singing to tummy time and early movement¹⁴⁴. Popular items include:

- Sensory building blocks, which develop fine motor skills while introducing colours and numbers.
- NSPCC “Look, Say, Sing” flashcards, providing simple, evidence based prompts to support bonding and early brain development.
- Practical items that support care and communication, such as a bath mitt that doubles as a playful hand puppet.
- Parents also receive clear, accessible information on brain development, safe sleeping, weaning and everyday caregiving¹⁴⁵.

Supporting development and reducing costs

The Baby Box reduces financial pressure while boosting early learning and parental confidence:

- 95% said it saved them money¹⁴⁶.
- Most mothers reported that at least six items supported their baby's development¹⁴⁷.
- 96% said it helped them bond with their baby.
- 100% said it supported interaction and their baby's development¹⁴⁸.

Since 2022, the project has expanded across seven North East local authorities and into London¹⁴⁹. A total of 3,115 Baby Boxes have been delivered following 3,448 referrals, and the initiative has been recognised in both the *North East Child Poverty Commission's No Time to Wait* blueprint and the *North East Child Poverty Summit Action Plan*^{150 151 152}.



4. Wandsworth: connecting a Baby Box scheme with family hubs

Wandsworth's Baby Box scheme demonstrates how a well-designed baby bundle programme can act as a gateway into early years services when embedded within a wider system of support¹⁵³. Delivered through Family Hubs and aligned with the borough's *Access for All* scheme, the programme reaches families experiencing financial pressure as well as those navigating additional challenges during early parenthood^{154 155 156}. Since launching in 2024 and expanding in 2025, the initiative has supported around 370 families¹⁵⁷.

A defining feature of the model is that Baby Boxes are collected through local Family Hubs. This creates a clear and practical entry point into services from pregnancy onwards, with families introduced to support, activities and advice at the point of collection. Dedicated Family Hub Connectors play a central role, offering a consistent point of contact, helping families navigate services, and identifying wider needs such as access to financial support, housing advice, or community provision¹⁵⁸.

The impact is evident in families' experiences. For some, the scheme provides immediate financial relief at a critical time¹⁵⁹. One family supported through the *Access for All* route described the Baby Box as easing pressure on their household budget, allowing them to redirect limited resources towards essential items such as a pram¹⁶⁰. The box was experienced not just as practical support, but as a gesture of care – **“like something from a family member”** – helping to build early trust and a sense of belonging¹⁶¹.

For younger parents, the relational aspect is equally important. A teenage couple referred through the Family Nurse Partnership were initially unsure about working with services and lacked confidence in areas such as infant development and health routines. Through ongoing contact linked to the Baby Box, they received hands-on support with sensory resources and play materials, as well as being accompanied to health appointments and connected to financial and community support, including food banks and local charities. Over time, this consistent, non-judgemental support helped them build confidence, attend baby groups, and establish routines that supported their child's development and wellbeing¹⁶².

Across families, a common theme is that the Baby Box acts as a catalyst for wider engagement. Families who may face additional barriers – whether due to financial constraints, limited local networks, or mobility challenges – are supported in accessing welcoming, inclusive spaces where they can build relationships, gain confidence, and reduce isolation. Participation in baby groups and hub activities further strengthens these connections, supporting both child development and parental wellbeing¹⁶³.

Wandsworth's approach shows that when baby bundles are integrated into Family Hub systems and aligned with targeted support such as *Access for All*, they can deliver more than material assistance. They provide an early, trusted point of contact that connects families to financial help, professional support and community networks, laying the foundations for improved outcomes for both parents and children¹⁶⁴.





5. Rotherham

Rotherham ranks among the 14% most deprived local authorities in England, with 22,000 children living in the most income deprived neighbourhoods¹⁶⁵. To help address this, the council launched a universal Baby Pack Scheme in March 2025, providing essential items to expectant parents from their 25 week appointment, achieving 90–95% uptake¹⁶⁶.

The pack includes baby clothing, a playmat, a digital underarm thermometer, blankets and a Best Start in Life leaflet. Early evidence shows strong impact:

- After six months, 99% of parents said they would recommend the pack
- 78% reported it helped them save money
- 72% cited financial savings as the biggest benefit¹⁶⁷.

“The value inside was great. Babies are expensive, and this bundle has every essential item included. If you’re struggling to get everything ready, it’s a perfect help!”¹⁶⁸

The pack also serves as an important gateway to wider support, with 80% of respondents saying it raised their awareness of Family Hubs and local support services. As a result of receiving the pack, the most frequently cited areas that parents learnt more about were local family hubs/children’s centres, bonding with my baby (playing, talking and reading) and my baby’s development (27%)¹⁶⁹.

Crucially, 36% of parents reported that the pack encouraged them to engage more with professionals, supporting conversations around breastfeeding, home safety, emotional wellbeing, and postnatal health¹⁷⁰.

Annex 3: Estimated cost of universal and targeted baby bundle scheme

This analysis provides indicative cost estimates for implementing a baby bundle scheme across Wales, England, and Northern Ireland, under both universal and targeted eligibility models, using publicly available data.

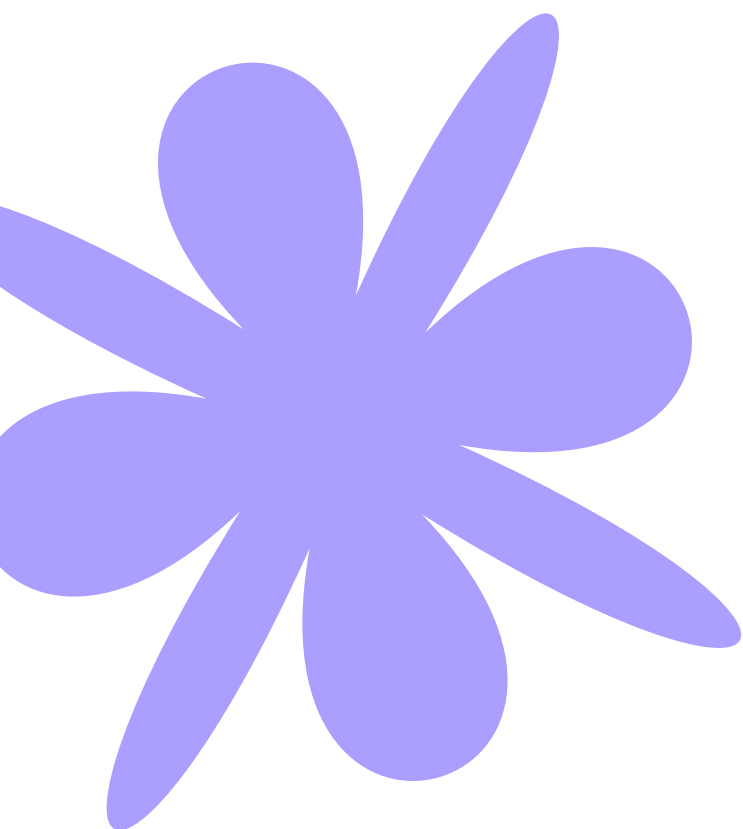
Our estimates of the annual costs of a universal scheme* are given in the table below. These estimates are based on an estimated per-bundle cost of £230 based on data from Scotland (January 2026 prices) and live birth data from 2024.

Wales (moving from targeted to universal)	England (universal scheme)	Northern Ireland (universal scheme)
c£6million	c£130 million	£4-5 million

We have also estimated the costs of a more targeted scheme restricted to households receiving Universal Credit and other specified low-income benefits**. The annual cost estimates below suggest that such a targeted model could reduce expenditure by around 80% in England and 85% in Northern Ireland, respectively.

England (targeted scheme)	Northern Ireland (targeted scheme)
£25-30 million	c£0.7 million

These estimates should be interpreted as indicative costings rather than precise budget requirements. They are based on 2021-2024 administrative and demographic data, but also, for the targeted scheme, on assumptions about birth dates amongst claimants.



Methodology and Discussion

All estimates were derived using a simple unit-cost model, defined as:

**Total cost =
Number of eligible births × Cost per baby bundle.**

The cost per baby bundle was estimated from data from an FOI request on the 2018/19 Scottish baby bundle scheme and inflated to reflect January 2026 prices¹⁷¹.

*For universal schemes, eligibility was assumed to include all live births within the respective jurisdictions. Birth Data for England and Wales was extracted from the ONS birth registrations website (Births in England and Wales: birth registrations – Office for National Statistics¹⁷²) and for Northern Ireland from the equivalent Northern Ireland Statistics and Research Agency website. (Registrar General Annual Report 2024 Births | Northern Ireland Statistics and Research Agency¹⁷³).

**For the targeted scheme, eligibility was estimated from the number of women of childbearing age receiving Universal Credit and then assuming the birth rate amongst claimants would be the same as that in the general population. In England this was calculated by extracting the total number of female claimants in different age ranges from the DWP Stat-Explore data base¹⁷⁴, the number of women in the English population within the same

age ranges from the UK population data (Estimates of the population for England and Wales – Office for National Statistics¹⁷⁵) and the number of birth to mothers in the same age ranges in England from the ONS birth registrations web-site referred to previously¹⁷⁶. Then, if there were, say, 100 female UC claimants aged 20-24, and there were 20 births to mothers in the 1000 20-24 females in the overall population, then we have estimated there would have been 2 births from 20-24 female UC claimants ($2 \times 100/1000$). We adopted a similar approach in Northern Ireland. This process provides estimates on the number of births to women on universal credit and assumes that the propensity to give birth is the same whether you are a UC claimant or not.

This approach was used as a proxy for broader low-income eligibility, given data limitations on the distribution of births among recipients of other qualifying benefits (such as income-based Jobseeker's Allowance, Income Support, income-related Employment and Support Allowance, or households receiving asylum support or with No Recourse to Public Funds).

Note that we have used 2024 data, and since then, the number of UC claimants has increased¹⁷⁷. But to fully update the numbers to 2026 would also require access to updated birth and population data. We have undertaken cross-checks using household data by comparing the number of households on universal credit against total household population data, and this provides similar estimates. We believe our estimates are sufficiently reliable to provide good guideline estimates, but they should not be interpreted as definitive programme costs.



References

1. Department for Work and Pensions (2026), [‘Households below average income: for financial years ending 1995 to 2025’](#), Table 4.4db.
2. UNICEF and NSPCC (2024), [‘Opening Doors: Access to early childhood services for families impacted by poverty in the UK’](#)
3. Early Years Alliance (2023), [‘New EPI report highlights widening disadvantage gap at age five’](#)
4. Nesta, [‘Why do the early years matter so much for later life?’](#)
5. Office for National Statistics, [‘The impact of motherhood on monthly employee earnings and employment status, England: April 2014 to December 2022’](#)
6. Department for Work and Pensions (2026), [‘Households below average income: for financial years ending 1995 to 2025’](#), Table 4.6db.
7. Department for Work and Pensions (2026), [‘Households below average income: for financial years ending 1995 to 2025’](#), Table 4.5db.
8. Institute for Public Policy Research (2025), [‘Revealed: Nearly half of UK children with parents born abroad are in poverty’](#)
9. Child Poverty Action Group, [‘Effects of poverty’](#)
10. The Royal College of Paediatrics and Child Health (2025), [‘Child health inequalities driven by child poverty in the UK - position statement’](#)
11. British Medical Association (2017), [‘Health at a Price: Reducing the impact of poverty’](#)
12. Early Intervention Foundation (2017), [‘The language epidemic’](#)
13. Early Years Alliance (2024), [‘New EPI report highlights widening disadvantage gap at age five’](#)
14. Nesta (2025), [‘Gap in development between children on free school meals and their peers is highest since pandemic, Nesta finds’](#)
15. ParentInfant Foundation (2021), [‘The First 1001 Days. An age of opportunity.’](#) And Education Policy Institute (2025), [‘Annual Report 2025: Disadvantage’](#)
16. Education Policy Institute (2024), [‘How can we reduce food poverty for under-fives?’](#)
17. Trusell Trust (2025), [‘Hunger in the UK’](#), Page 54.
18. The Food Foundation (2025), [‘Boosting early years nutrition to support a healthy childhood’](#)
19. The Food Foundation (2023), [‘The Broken Plate 2023: The State of the Nation’s Food System’](#), Page 4.
20. Just Food (2024), [‘UK infant formula: why are prices rising – and what will the CMA do about it?’](#)
21. Which (2025), [‘Supporting families better with the NHS Healthy Start scheme’](#)
22. Food Research Collaboration (2019), [‘Engaging convenience stores in healthier food provision’](#)
23. Department for Environment Food & Rural Affairs (2024), [‘United Kingdom Food Security Report 2024: Theme 4: Food Security at Household Level’](#)
24. Barnardo’s (2025), [‘Nourishing the future: making healthy food accessible for every child’](#)
25. Barnardo’s (2023), [‘No crib for a bed: the impact of the cost-of-living crisis on bed poverty’](#)
26. The Guardian (2024), [‘More than 9 million Britons vulnerable to reliance on food banks, research finds’](#)
27. The Hygiene Bank (2024), [‘The Hygiene Bank: Hygiene Poverty in 2024’](#)
28. Ministry of Housing Communities & Local Government (2025), [‘English Housing Survey 2023 to 2024: experiences of the ‘housing crisis’](#)
29. Ministry of Housing, Communities and Local Government (2024), [‘Annex tables for English Housing Survey 2023 to 2024 headline findings on demographics and household resilience’](#), Chapter 1, Table AT1.5.
30. Department for Work and Pensions (2026), [‘Households below average income: for financial years ending 1995 to 2025’](#), Table 4.6db.
31. Ministry of Housing, Communities & Local Government, Department of Health & Social Care and UK Health Security Agency (2026), [‘Understanding and addressing the health risks of damp and mould in the home’](#)
32. Joseph Rowntree Foundation (2025), [‘Families with no recourse to public funds are trapped in hardship’](#)
33. Benton, E., et al (2022), [‘Social cost benefit analysis of the no recourse to public funds \(NRPF\) policy in London’](#)
34. Ministry of Housing, Communities & Local Government (2026), [‘Statutory homelessness in England: July to September 2025’](#)
35. Inside Housing (2022), [‘More than 26,000 under-fives living in temporary accommodation, new data shows’](#)
36. Shelter (2023), [‘Still living in limbo: Why the use of temporary accommodation must end’](#), Page 8 .
37. Housing, Communities and Local Government Committee (2025), [‘England’s Homeless Children: The crisis in temporary accommodation’](#), Page 1.


38. UNICEF and NSPCC (2024), ['Opening Doors: Access to early childhood services for families impacted by poverty in the UK'](#)
39. The British Academy (2022), ['Understanding digital poverty and inequality in the UK'](#)
40. Evans G and Kim P (2013), ['Childhood Poverty, Chronic Stress, Self-Regulation, and Coping'](#)
41. ParentInfant Foundation (2021), ['The benefits of nurturing care: How early interactions influence many aspects of development'](#)
42. NSPCC Learning (2021), ['Attachment and child development'](#)
43. Ellis J (2023), ['Parenting experiences in the context of poverty and austerity'](#)
44. Evans MDR et al (2010), ['Family scholarly culture and educational success: Books and schooling in 27 nations'](#)
45. Joseph Rowntree Foundation (2013), ['Does money affect children's outcomes?'](#)
46. Fairbrother H et al (2026), ['Temporal uncertainty, spatial stressors and disrupted connections: temporary accommodation and family life, health and wellbeing'](#)
47. Crittenden J and Gray J, ['The importance of play-based learning beyond EYFS'](#)
48. UNICEF and NSPCC (2024), ['Opening Doors: Access to early childhood services for families impacted by poverty in the UK'](#)
49. Nesta, ['Why do the early years matter so much for later life?'](#)
50. Garfinkel et al (2022), ['The Benefits and Costs of a Child Allowance'](#)
51. HM Government, ['Sure Start Maternity Grant'](#)
52. Prime Minister's Office (2024), ['Break Down Barriers to Opportunity'](#)
53. HM Government (2025), ['Our Children, Our Future: Tackling Child Poverty'](#)
54. HM Government (2025), ['Our Children, Our Future: Tackling Child Poverty'](#)
55. Fabian Society (2025), ['An ambitious strategy to tackle early-years poverty with public consent'](#), Page 9.
56. Child Poverty Action Group (2025), ['Raising three kids on £3 a week: The reality of the benefit cap'](#), Page 1.
57. Department for Work & Pensions (2025), ['Universal Credit claimants statistics on the two child limit policy, April 2025'](#)
58. Child Poverty Action Group (2025), ['Raising three kids on £3 a week The reality of the benefit cap'](#), Page 2.
59. Department for Work & Pensions (2026), ['Benefit cap: number of households capped to November 2025'](#)
60. Child Poverty Action Group (2025), ['Raising three kids on £3 a week The reality of the benefit cap'](#), Page 1.
61. Barnardo's (2025), ['Tackling the greatest barrier to opportunity: What young people need from the Government's Child Poverty Strategy'](#)
62. House of Commons Library (2024), ['Asylum support: Accommodation and financial support for asylum seekers'](#)
63. Asylum Matters, ['Support rates'](#)
64. Institute for Public Policy Research and Praxis (2025), ['Every child is equal: Bridging the childcare gap for families with no recourse to public funds \(NRPf\)'](#), Page 9.
65. NRPf Network, ['Housing: Public funds, joint tenancies, and renting from a housing association.'](#)
66. Institute for Public Policy Research and Praxis (2025), ['Every child is equal: Bridging the childcare gap for families with no recourse to public funds \(NRPf\)'](#), Page 9.
67. Department for Education (2025), ['Giving every child the Best Start in Life'](#)
68. Department for Education (2025), ['Government revives family services, supporting 500,000 more kids'](#)
69. Department for Education (2025), ['Giving every child the Best Start in Life'](#), Page 13.
70. Department for Education (2025), ['Government revives family services, supporting 500,000 more kids'](#)
71. Institute for Fiscal Studies (2025), ['The health effects of universal early childhood interventions: evidence from Sure Start'](#), Page 2.
72. Institute for Fiscal Studies (2025), ['The short- and medium-term effects of Sure Start on children's outcomes'](#)
73. Barnardo's (2025), ['Building families, building futures: The case for family hubs in every community'](#)
74. Scottish Government (2021), ['Baby Box: Evaluation'](#)
75. Scottish Government (2021), ['Baby Box: Evaluation'](#)
76. Nordic Labour Journal (2025), ['The baby box for all – a proud tradition from when Finland was poor'](#)

77. Tampere University, [‘More than 60 countries adapt the idea of maternity package’](#)
78. Kela (2020), [‘The baby box: Enhancing the wellbeing of babies and mothers around the world’](#)
79. Nasi, E and Koskenvuo, K (2022), [‘The Finnish baby box: From a volunteer initiative to a renowned social security benefit’](#), Page 411 and 412.
80. The Australian Institute and Nordic Policy Centre (2023), [‘Baby Boxes: The Finnish Maternity Grant’](#)
81. Scottish Government (2024), [‘Scotland’s Baby Boxes’](#)
82. Welsh Government (2021), [‘Evaluation of the Baby Bundles Pilot’](#), Page 2.
83. Welsh Government (2025), [‘Baby Bundles: get essential items to support your baby’](#)
84. Caerphilly Early Years & Childcare Service, [‘Flying Start Childcare Frequently Asked Questions’](#)
85. The Guardian (2026), [‘Four in 10 UK parents struggle to afford essentials for newborns study says’](#)
86. Baby Basics, [‘Baby Basics Belfast’](#)
87. Helen LB and Catherine ET (2020), [‘Baby-box schemes in England: parent and practitioner experiences, and recommendations’](#)
88. Scottish Government (2024), [‘Scotland’s Baby Boxes’](#)
89. Welsh Government (2025), [‘Baby Bundles: get essential items to support your baby’](#)
90. The Children’s Foundation, [‘Baby Box’](#)
91. Wandsworth Metropolitan Borough Council, [‘The Wandsworth Baby Box’](#)
92. Rotherham Metropolitan Borough Council, [‘The Rotherham Baby Pack’](#)
93. Scottish Government (2021), [‘Baby Box Evaluation’](#), Page iv.
94. Scottish Government (2021), [‘Baby Box Evaluation’](#), Page iv.
95. Rotherham Metropolitan Borough Council (2026), [‘The Rotherham Baby Pack Scheme Report - obtaining parents’ views and feedback exercise’](#)
96. Rotherham Metropolitan Borough Council (2026), [‘The Rotherham Baby Pack Scheme Report - obtaining parents’ views and feedback exercise,’](#) page 20.
97. Wandsworth Metropolitan Borough Council, [‘The Wandsworth Baby Box: FAQs’](#)
98. Parent Club, [‘Baby Box FAQs’](#)
99. Scottish Government (2024), [‘Scotland’s Baby Boxes’](#)
100. BBC News (2026), [‘The ‘fantastic’ baby bundles not every mum will get’](#)
101. Scottish Government (2021), [‘Baby Box Evaluation’](#)
102. Skea Z et al (2022), [‘The Baby Box scheme in Scotland: A study of public attitudes and social value’](#)
103. Skea Z et al (2022), [‘The Baby Box scheme in Scotland: A study of public attitudes and social value’](#)
104. Rotherham Metropolitan Borough Council (2026), [‘The Rotherham Baby Pack Scheme Report - obtaining parents’ views and feedback exercise’](#)
105. BBC (2013), [‘Why Finnish babies sleep in cardboard boxes’](#)
106. Wandsworth Metropolitan Borough Council (2026), [‘Wandsworth Baby Box Scheme’](#), Personal Correspondence.
107. Welsh Government (2021), [‘Evaluation of the Baby Bundles Pilot’](#)
108. Scottish Government (2021), [‘Baby Box: Evaluation’](#)
109. Rotherham Metropolitan Borough Council (2025), [‘The Rotherham Baby Pack Scheme Report - obtaining parents’ views and feedback exercise’](#), Page 1.
110. The Children’s Foundation (2026), [‘Baby Boxes- North East’](#), Page 1.
111. The Children’s Foundation (2026), [‘Baby Boxes- North East’](#), Page 2.
112. The Children’s Foundation and NIHR (2024), [‘Baby Box Pilot Summary Report’](#), Page 4.
113. Scottish Government (2021), [‘Baby Box: Evaluation’](#)
114. Welsh Government (2021), [‘Evaluation of the Baby Bundles Pilot’](#), Page 3.
115. Scottish Government (2021), [‘Baby Box Evaluation’](#)
116. Rotherham Metropolitan Borough Council (2025), [‘The Rotherham Baby Pack Scheme Report - obtaining parents’ views and feedback exercise’](#)
117. Welsh Government (2021), [‘Evaluation of the Baby Bundles Pilot’](#), Page 3.
118. Welsh Government (2021), [‘Evaluation of the Baby Bundles Pilot’](#), Page 30.
119. The Children’s Foundation and NIHR (2024), [‘Baby Box Pilot Summary Report’](#), Page 5.
120. Scottish Government (2021), [‘Baby Box Evaluation’](#), Page 36.
121. Scottish Government (2021), [‘Baby Box Evaluation’](#), Page 37.

122. Scottish Government (2024), [‘Scotland’s Baby Boxes’](#)
123. Migration Scotland, [‘4.1 Baby Boxes’](#)
124. Parent Club, [‘Baby box’](#)
125. Scottish Government (2025), [‘350,000 Baby Boxes delivered’](#)
126. Scottish Government, [‘Maternal and child health’](#)
127. Scottish Government (2025), [‘Funded early learning and childcare for 3 to 5 year olds’](#)
128. Scottish Government (2021), [‘Baby Box Evaluation’](#), Page ii.
129. Scottish Government (2025), [‘350,000 Baby Boxes delivered’](#)
130. Scottish Government (2021), [‘Baby Box Evaluation’](#)
131. Scottish Government (2021), [‘Baby Box Evaluation’](#)
132. Welsh Government (2026), [‘Written Statement: Baby Bundle Programme – first Baby Bundles delivered’](#)
133. UK Government (2025), [‘Baby Bundles’](#)
134. Cardiff Council (2022), [‘Equality Impact Assessment Corporate Assessment Template’](#)
135. Welsh Government (2025), [‘Baby Bundles: get essential items to support your baby’](#)
136. Welsh Government (2024), [‘Written Statement: Bwndel Babi Programme – an update on progress’](#)
137. The Children’s Foundation (2026), [‘Baby Boxes- North East’](#), Page 2.
138. The Children’s Foundation, [‘Baby Box’](#)
139. North East Child Poverty Commission, [‘Facts & Figures’](#)
140. The Children’s Foundation, [‘Baby Box’](#)
141. The Children’s Foundation (2026), [‘The Children’s Foundation Baby Box project’](#), Personal Correspondence.
142. The Children’s Foundation, [‘Addressing child poverty in the North East one baby box at a time’](#)
143. The Children’s Foundation (2024), [‘Trustees Annual Report’](#)
144. The Children’s Foundation (2026), [‘The Children’s Foundation Baby Box project’](#), Personal Correspondence.
145. The Children’s Foundation (2026), [‘The Children’s Foundation Baby Box project’](#), Personal Correspondence.
146. The Children’s Foundation (2026), [‘Baby Boxes- North East’](#), Page 1.
147. The Children’s Foundation and NIHR (2024), [‘Baby Box Pilot Summary Report’](#), Page 7.
148. The Children’s Foundation (2026), [‘Baby Boxes- North East’](#), Page 1.
149. The Children’s Foundation (2026), [‘The Children’s Foundation Baby Box project’](#), Personal Correspondence.
150. The Children’s Foundation (2026), [‘The Children’s Foundation Baby Box project’](#), Personal Correspondence.
151. North East Child Poverty Commission (2024), [‘No Time To Wait: An ambitious blueprint for tackling child poverty in the North East’](#)
152. North East Combined Authority, [‘North East Child Poverty Action Plan’](#)
153. Wandsworth Metropolitan Borough Council, (2025), [‘Wandsworth Council expands pioneering Baby Box scheme’](#)
154. Wandsworth Metropolitan Borough Council, [‘Access for All’](#)
155. Wandsworth Metropolitan Borough Council, [‘The Wandsworth Baby Box’](#)
156. Smart School Services and Wandsworth Metropolitan Borough Council (2025), [‘The Wandsworth Baby Box Scheme’](#)
157. Wandsworth Metropolitan Borough Council (2026), [‘Wandsworth Baby Box Scheme’](#), Personal Correspondence.
158. Wandsworth Metropolitan Borough Council (2026), [‘Wandsworth Baby Box Scheme’](#), Personal Correspondence.
159. Wandsworth Metropolitan Borough Council (2026), [‘Wandsworth Baby Box Scheme’](#), Personal Correspondence.
160. Wandsworth Metropolitan Borough Council (2026), [‘Case B - Access for All’](#), Personal Correspondence.
161. 161: Wandsworth Metropolitan Borough Council (2026), [‘Case B - Access for All’](#), Personal Correspondence.
162. 162: Wandsworth Metropolitan Borough Council (2026), [‘Case A - Young Parent \(Teenage parents; referred via Family Nurse Partnership\)’](#), Personal Correspondence.
163. 163: Wandsworth Metropolitan Borough Council (2026), [‘Case A - Young Parent \(Teenage parents; referred via Family Nurse Partnership\)’](#), Personal Correspondence.
164. 164: Wandsworth Metropolitan Borough Council (2026), [‘Wandsworth Baby Box Scheme’](#), Personal Correspondence.

165. Rotherham Council (2025), ['The Rotherham Baby Pack Scheme Report - obtaining parents' views and feedback exercise'](#), Page 3.
166. Rotherham Metropolitan borough Council (2026), ['Rotherham Baby Pack: Outcomes and Future Commissioning'](#), Page 3 and 4.
167. Rotherham Council (2025), ['The Rotherham Baby Pack Scheme Report - obtaining parents' views and feedback exercise'](#), Page 2.
168. Rotherham Council (2025), ['The Rotherham Baby Pack Scheme Report - obtaining parents' views and feedback exercise'](#), Page 2.
169. Rotherham Council (2025), ['The Rotherham Baby Pack Scheme Report - obtaining parents' views and feedback exercise'](#), Page 8 and 17.
170. Rotherham Council (2025), ['The Rotherham Baby Pack Scheme Report - obtaining parents' views and feedback exercise'](#), Page 3.
171. Scottish Government (2021), ['Estimated value of the contents of a baby box: FOI release'](#)
172. Office for National Statistics (2025), ['Births in England and Wales: birth registrations'](#)
173. Northern Ireland Statistics and Research Agency (2024), ['Registrar General Annual Report 2024 Births'](#)
174. Department for Work & Pensions, ['Stat-Xplore'](#)
175. Office for National Statistics (2025), ['Population estimates for England and Wales: mid-2024'](#)
176. Office for National Statistics (2025), ['Births in England and Wales: birth registrations'](#)
177. Department for Work & Pensions (2026), ['Universal Credit statistics, 29 April 2013 to 8 January 2026'](#)





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Last year, we provided essential support to over 350,000 children, young people, parents and carers through more than 650 services and partnerships across the UK. For over 150 years, we've been here for the children and young people who need us most – bringing love, care and hope into their lives and giving them a place where they feel they belong.

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